

POLICY NUMBER:

PERSONAL AUTO
PP 02 01 01 05

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SUSPENSION OF INSURANCE

SCHEDULE

Coverages And Autos Suspended			
Coverage	(a) All Owned And Non-Owned Autos	(b) All Of Your Covered Autos	(c) Autos Listed Below
Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninsured Motorists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autos: _____			

This policy is suspended as of the effective date of this endorsement for the listed coverages and autos.

If coverage is suspended for at least thirty consecutive days, you will be entitled to a refund.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.